HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
National Provider Identifier (NPI) Update

NOW is the time to act!

*Providers who do not apply for an NPI with NPPES by January 31, 2007
put themselves at serious risk of possible claim processing and payment delays.*

The NPI is NOT Just a Number

The NPI is a 10-digit number used to identify you to your health care partners. It will replace all provider numbers *including* your Denti-Cal billing and rendering provider numbers currently in use.

There are two entity types recognized by the National Provider Identifier Enumerator:

♦   Entity Type 1:   Individual health care providers, including dentists and hygienists, and non-incorporated sole proprietors

♦   Entity Type 2:   Health care providers who are organizations, including dental practices, and/or individual, incorporated dental practices.

Who Will Need an NPI?

Effective May 23, 2007, Denti-Cal providers must obtain, register, and use an NPI if they:

♦   Submit claims electronically and verify eligibility via the Point of Service (POS) Device or the Internet

♦   Submit paper claims and verify eligibility via the Point of Service (POS) Device or the Internet

♦   Are enrolling for the first time in the Denti-Cal Program

♦   Are rendering providers who work for a billing provider who submits claims electronically

   Note: Enrolled providers must continue to use their current Denti-Cal provider number until May 23, 2007.

The NPI Requires a Transition Period

While the NPI might be perceived as a simple new identifier which is easy to obtain and use, the reality is that the process to make it all work is much more complex. Planning and transitioning to the new NPI involves several internal and external steps, all of which directly affect the processing and payment of claims to providers.

Providers, health plans, and clearinghouses need time to successfully implement all internal and external process steps. These steps include assessing the impact of NPI in all internal systems, making system changes to accommodate the NPI, obtaining and collecting NPIs, creating NPI-to-legacy ID crosswalks, testing NPIs in transactions, phasing out old proprietary identifiers on electronic transactions and some paper transactions, and fully using the NPI as the *only* provider identifier from inception and into the future.

Providers Must Obtain Their NPIs Early Enough To Make This Transition Work and Avoid Processing Delays!

Providers must apply and obtain their NPI well in advance of the compliance date. Providers who do not complete this step by *January 31, 2007* put themselves at serious risk of not being able to complete the NPI transition with all their health plans and clearinghouses and, ultimately, be exposed to possible claim processing and payment delays.

To Apply For and Obtain an NPI:

Online – visit the official CMS Enumeration site: https://NPPES.cms.hhs.gov

Phone – the National Provider Identifier Enumerator Call Center (800) 465-3203 or (800) 692-2326 (TTY)

By Mail – write to NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059

NPI Applies to More Than Just Claims and Claim Payment Transactions

Effective May 23, 2007, the NPI will be required for use in *all* applicable HIPAA transactions:

1) health care claims
2) claim payment/remittance advice
3) coordination of benefits
4) eligibility inquiry/response
5) claim status inquiry/response
6) referrals
7) enrollment

Subpart

The Federal Register, 45 CFR, Part 162, NPI Final Rule, refers to separate physical locations as "subparts" of an organizational health care provider. Providers who receive one NPI rather than subpart, may experience delays in the return of payments, Explanation of Benefits (EOBs), Resubmission Turnaround Documents (RTDs), and Notice of Authorizations (NOAs). Therefore, Denti-Cal encourages qualifying providers to subpart. Please contact the National Provider Identifier Enumerator for more information regarding the subpart process.

Electronic Claims Submission

In conjunction with the deadline to accept an NPI, providers who submit claims electronically will need to use the 4010A1 version of the 837 claim transaction by May 23, 2007. Denti-Cal can assist clearinghouses and practice management vendors in converting to the new claim format. For more information on conversion to the 4010A1 format, please call your software vendor, clearinghouse, or Denti-Cal Telephone Service Center at (800) 423-0507, or (916) 853-7373 and ask for EDI Support. Requests may also be sent by e-mail to: denti-caledi@delta.org.

Please Always Remember:

♦ *The NPI is yours*: It doesn't belong to a health plan or your employer. It is assigned to you for life.

♦ *The NPI is unique*: It serves to identify you uniquely across the country with one single ID, regardless of your type of practice or your location.

♦ *The NPI will become the only identifier*: With HIPAA transactions, it alone will be the permitted identifier.

♦ *You must share your NPI*: Other entities will need to know your NPI in order to conduct business with you. Providers must register their NPI(s) with Denti-Cal.

♦ *You must use your NPI with all health plans*: Medi-Cal, Medicare, Medicaid, and all private health plans are required by HIPAA to receive/submit the NPI as the *only* provider identifier in electronic transactions.

♦ *You must take care of your NPI*: Changes to any of the required information furnished during the NPI application process will need to be reported to the NPI Enumerator within 30 days of the change.

NPI Registration

For information on how to register your NPI with Denti-Cal, please refer to Denti-Cal Bulletin Volume 23, Number 2 (enclosed), visit the Denti-Cal Web site (http://www.denti-cal.ca.gov), or call Denti-Cal's Telephone Service Center at (800) 423-0507.

Providers must continue utilizing their existing Denti-Cal provider numbers until further notice.

Current Dental Terminology (CDT)

CDT continues to be delayed pending the final approval of Manual of Criteria (MOC) regulations via the State legislative process.

CDT codes will not be accepted by Denti-Cal at this time. Any claim service line (CSL) submitted with a CDT procedure code, an invalid procedure code, or a blank procedure code field will be denied.

Rendering Provider Number is Now Required in Field 33 on Claims/Notices of Authorization (NOAs)

Effective January 2007, a rendering provider number is required in Field 33 on all claims and NOAs for any procedure codes other than the following: 045, 046, 049, 050, 061, 062, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 125, 160, 955, 956, and 957. If a rendering provider number is not indicated on the claim/NOA (for all procedure codes other than those listed above), the claim/NOA will be denied. Further information regarding procedure codes and descriptions are found in Section 4 of the *Denti-Cal Provider Manual*.

New Adjudication Reason Code and Policy Code for Inactivation of Service Office

Payments shall not be made to billing provider service offices that have notified Denti-Cal they have discontinued practicing at a specific service office location. Once Denti-Cal has been notified of inactivation, all payments will be forwarded to the newly-reported pay-to office address (if any). In addition, a notification letter of inactivation will be sent to the provider.

Providers must report service office inactivation by using the Medi-Cal Supplemental Changes Form (DHS 6209, Rev. 1/06) or by sending a formal letter of notification accompanied by a photo ID and live signature of the licensed provider requesting the change.

Denti-Cal has created the following **adjudication reason code** to further clarify service office inactivation:

320B   The billing provider has discontinued practicing at this office location for these dates of service.

Denti-Cal has created the following **policy code** to further clarify service office inactivation:

60   Bill prov has discontinued practicing at this office location for these DOS.

Denti-Cal Seminars Scheduled for January

D082/Basic Seminar and EDI Overview	January 11, 2007	Roseville
D083/Advanced Seminar	January 12, 2007	Roseville
D084/Basic Seminar	January 18, 2007	Carlsbad
D085/Advanced Seminar	January 19, 2007	Carlsbad

Please refer to Denti-Cal Bulletin Volume 22, Number 33 for additional details.

No Claim Activity for 12 Months

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

> *The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted hereunder.*

If you have not had any claim activity in a 12-month period, and wish to remain an active provider in the Medi-Cal Dental Program, please complete the bottom portion of this form and mail to: Medi-Cal Dental Program, P.O. Box 15609, Sacramento, CA 95852-0609. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll-free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because _____

_____

Check the boxes that apply to your practice:

☐ AHK (Alameda Healthy Kids)

☐ CCS (California Children's Services)

☐ DMC (Dental Managed Care)
   Plan Name: _____

☐ FQHC/RHC (Federally Qualified Health Clinic/Rural Health Clinic)

☐ GHPP (Genetically Handicapped Persons Program)

☐ GMC (Geographic Managed Care)
   Plan Name: _____

☐ HFP (Healthy Families Program)

_____   _____   _____
Provider Name   Provider Number   Provider Signature

_____
Provider Address   City   Zip Code

If your office has relocated, a new enrollment package must be submitted. Please check the box indicating your type of practice and Denti-Cal will send the necessary forms for completion:

☐ Group   ☐ Individual

Denti-Cal Bulletin

NATIONAL PROVIDER IDENTIFIER (NPI) UPDATE:

Register Your NPI with Denti-Cal NOW!

In order to prevent processing and payment delays, Denti-Cal billing and rendering providers must **register their NPI(s) with Denti-Cal using the attached NPI Registration Form (DHS 6218).** Please follow these simple instructions when completing the NPI Registration Form:

♦ A separate NPI registration form is required to register each existing Denti-Cal provider number.

♦ Complete all required information where an asterisk (*) is displayed. *Incomplete registration forms will be returned if required information is not completed*.

♦ Do not complete the Medi-Care NPI Information and the Non-Physician Medical Practitioner Information sections of this form. *These sections do not apply to Denti-Cal providers.*

♦ The National Plan and Provider Enumeration System (NPPES) confirmation form <u>must</u> be attached to the registration form. *The registration form will be returned if the NPPES confirmation form is not attached.*

♦ Mail the completed registration form to the Denti-Cal address located at the bottom of the form.

Providers may also access the NPI Registration Form on the Denti-Cal Web site at http://www.denti-cal.ca.gov or request an application to be mailed by calling the Denti-Cal Telephone Service Center at (800) 423-0507.

For additional information regarding NPI, please refer to Denti-Cal Bulletin Volume 23, Number 1 (enclosed); visit the Denti-Cal Web site (http://www.denti-cal.ca.gov), or call the Denti-Cal Telephone Service Center at (800) 423-0507.

National Provider Identifier
Registration Form

This form is being used to register your National Provider Identifier (NPI) with the California Department of Health Services Provider Enrollment Branch (PEB), Medi-Cal Dental Program (Denti-Cal), and Child Health and Disability Prevention Program (CHDP). All areas with an asterisk (*) are required. If you have any questions or need assistance with this form, please call the applicable NPI Helpdesk:

Medi-Cal -- 1-800-541-5555   Denti-Cal -- 1-800-423-0507

NOTE: A separate NPI registration form is required for each existing Provider number.

This form is being submitted for:	☐ **New NPI Registration**	☐ **Update to previously submitted information**
*Medi-Cal, Denti-Cal, or CHDP Provider Number	*Provider Name	*NPI (attach a copy of the CMS/NPPES NPI confirmation letter to this form)

*PLEASE PROVIDE one of the following for Medi-Cal, Denti-Cal or CHDP:

Provider Identification Number (PIN)	OR	Last 4 digits of Taxpayer Identification Number (TIN)	OR	Last 4 digits of Social Security Number (SSN)

Note: This section does NOT apply to Denti-Cal providers.

Are you replacing multiple Medi-Cal and/or CHDP provider numbers with one (1) NPI?		☐ Yes	☐ No
IF YES, Do you want the data associated with this **Medi-Cal** provider number to be assigned to your NPI?		☐ Yes	☐ No
Do you want the data associated with this **CHDP** provider number to be assigned to your NPI?		☐ Yes	☐ No

Providers who choose to replace multiple Medi-Cal and CHDP provider numbers with one NPI **must designate which Medi-Cal provider number will be the source of the various addresses, accounts and PINs that will be associated with the new NPI number.** If a primary Medi-Cal or CHDP provider number is not specified for the new NPI, then the first Medi-Cal provider number on file will be replaced with the new NPI, by default, and be used to determine which addresses, accounts and PINs will be associated with that NPI.

MEDICARE NPI INFORMATION –
Please enter your Medicare NPI for this Medi-Cal number. Enter any additional Medicare NPIs for this Medi-Cal number on the reverse side of this form.

NPI	NPI

NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION – Please enter the License Number and corresponding NPI for each NMP you provided in the original application to CMS/NNPES, if applicable. Enter any additional NMP License Numbers and NPI on the reverse side of this form.

NMP License Number	NMP NPI	NMP License Number	NMP NPI

Some Medi-Cal, Denti-Cal and CHDP provider agreements will need to be updated with this NPI information. A complete list of these forms is on the reverse side of this form.
NOTE: If you choose not to update your existing agreements under your Medi-Cal, Denti-Cal or CHDP provider number with the NPI you are submitting, these agreements will expire May 23, 2007.

*I authorize Medi-Cal, Denti-Cal or CHDP to update the agreements I have on file with my NPI information:

☐   **I agree**

☐   **I do not agree** and understand that, as a result of not authorizing this update, access to any electronic service provided by the Medi-Cal program; including, but not limited to, electronic claims submission (CMC), Point of Service (POS) transactions, Eligibility Inquiries, Medi-Cal website transactions, etc., will be terminated until a new hard-copy agreement is submitted using the new NPI.

CONTACT INFORMATION FOR FOLLOW-UP – Please Print

*First name	*Last name
*Contact Phone Number ( )	*Mailing Address for confirmation of processed NPI (Street, City, State, Zip)

I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document and in the attachments are true, accurate, and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider.

*Print name and title of authorized representative or Provider

* Authorized representative or Provider signature	*Date

Return completed form to:

Medi-Cal/CHDP	**Denti-Cal**
California Department of Health Services	California Department of Health Services
PRO - NPI Help Desk	Medi-Cal Dental Program
Medi-Cal Fiscal Intermediary	Provider Enrollment
PO Box 13811	PO Box 15609
Sacramento, CA 95853-9946	Sacramento, CA 95852-0609

Agreement Update Information on reverse side.

National Provider Identifier
Registration Form

AGREEMENT UPDATE INFORMATION

The following is a list of agreements that you may have submitted and are on file that will need to be updated with your NPI:

- Billing Intermediary Registration Form (Denti-Cal Form)
- California Children's Services (CCS) Program Individual Provider Application for Paneling Physicians and Podiatrists (DHS 4514)
- California Children's Services (CCS) Program Individual Provider Application for Paneling Allied Health Care Professionals (DHS 4515)
- CHDP Telecommunications Provider and Biller Application/Agreement (DHS 4431)
- Direct Deposit Enrollment Form (Denti-Cal Form)
- EFT Enrollment Authorization
- Electronic Health Care Claim Payment/Advice Receiver Agreement (ANSI ASC X12N 835 Transaction)
- Medi-Cal Dental Telecommunications Providers and Biller Application/Agreement (Denti-Cal Form)
- Medi-Cal Eligibility Verification Enrollment Form
- Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHS 6153)
- Medi-Cal Point of Service (POS) Network/Internet Agreement
- Medi-Cal Hardcopy Biller Application Agreement
- OPT OUT Enrollment Form
- OPT OUT Cancellation Form
- OPT OUT Change of Email Address Form
- Pay to Address Change Notification
- Point of Service (POS) Device Usage Agreement
- Provider Billing Intermediary Notification Form (Denti-Cal Form)
- Provider: Medi-Cal Hardcopy Biller Notification Form
- Qualified Provider Application for Presumptive Eligibility Participation and Presumptive Eligibility Qualified Provider Responsibilities and Agreement (MC 311)

NOTE: If you choose not to update your existing agreements under your Medi-Cal, Denti-Cal or CHDP provider number with the NPI you are submitting, these agreements will expire May 23, 2007.

PROVIDER TAXONOMY CODE INFORMATION – Please enter each Taxonomy Code you provided in the original application to CMS/NPPES to obtain this NPI. Please attach a separate sheet for additional taxonomy codes.

Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code

ADDITIONAL MEDICARE NPI INFORMATION (Please attach a separate sheet for additional Medicare NPIs.)

NPI	NPI
NPI	NPI

ADDITIONAL NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION (Please attach a separate sheet for additional NMP NPIs.)

NMP License Number	NMP NPI	NMP License Number	NMP NPI
NMP License Number	NMP NPI	NMP License Number	NMP NPI

A separate NPI registration form is required for each existing Provider number.

For Department Use Only
Input Date _____ __
Initials _____ __
QM Initials ___ _____

RETROACTIVE REIMBURSEMENT OF MEDI-CAL BENEFICIARIES FOR OUT-OF-POCKET EXPENSES

As a result of the _Conlan v Shewry_ court decision, a process has been implemented by which beneficiaries can obtain prompt reimbursement of their Denti-Cal covered, out-of-pocket expenses, according to the terms of the decision. For questions or instructions regarding this reimbursement, please phone the Conlan Help Desk at (916) 403-2007.

Denti-Cal Responsibilities

Denti-Cal responsibilities include the following:
♦   Verifying beneficiary Denti-Cal eligibility
♦   Evaluating supporting medical expense documentation provided by the beneficiary
♦   Reviewing rendered services for medical necessity
♦   Determining whether Denti-Cal payment was previously made
♦   Verifying that the provider reimbursed the beneficiary
♦   Maintaining documentation for each case

Provider Notification of Beneficiary Request for Reimbursement

If a beneficiary's request for reimbursement is validated by Denti-Cal, a letter of request for beneficiary reimbursement is sent to the provider (see attached sample letter). This letter must be submitted with the provider's claim for reimbursement.

Provider Responsibility

Upon receipt of a beneficiary reimbursement letter, providers are expected to reimburse beneficiaries for monies that the beneficiary paid to the provider at the time of service, then submit a claim to Denti-Cal. Claims will be denied if the beneficiary has not been reimbursed.

Claim Submission

Providers must submit claims to Denti-Cal within 60 days of the date on the letter as follows:

• Submit an original hard-copy claim solely for services mentioned in the beneficiary reimbursement letter
• Attach the beneficiary reimbursement letter
• Attach any additional required Denti-Cal documentation

The original claim, beneficiary reimbursement letter, and supporting documentation should be submitted to the following address:

Denti-Cal
California Medi-Cal Dental Program
Attn: Beneficiary Services
P.O. Box 526026
Sacramento, CA 95852-6026

No electronic claim submission is allowed. *Denti-Cal determines medical necessity*, therefore no Treatment Authorization Request (TAR) is required. The six-month billing limit will be waived for these claims.

Provider Reimbursement

The reimbursement rate is the rate on file for the date of service, or if one is not listed, the current rate.

Enrollment Required for Provider Reimbursement

To be reimbursed, the provider must have been enrolled as a Denti-Cal provider on the date of service. Providers should contact Denti-Cal at (800) 423-0507 or online at www.denti-cal.ca.gov if any of the following conditions apply:

- The provider was not a Denti-Cal provider on the date of service but wants to enroll now
- The provider is a Denti-Cal provider now, but was not enrolled on the date of service and needs retroactive eligibility
- The provider was not a Denti-Cal provider on the date of service, but wants to temporarily enroll retroactively in Denti-Cal in order to bill for the Beneficiary Reimbursement Process claims.

For additional information or to answer any questions, please phone the Conlan Help Desk at (916) 403-2007.

Department of Health Services

California
Department of
Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

Date

Provider Name
Address

Correspondence Reference Number: _____

Dear Dr._____:

This letter is regarding a beneficiary reimbursement claim filed by a Medi-Cal beneficiary, _____. He/She claims they were seen in your office on mm/dd/yy & mm/dd/yy and has provided documentation of his/her payment to you in the amount of $xxx.xx.

_____was eligible for Medi-Cal on the date(s) of service listed above. As a Medi-Cal provider, you are required to reimburse the beneficiary for the payments he/she made to you for the services. The beneficiary has reported that you have not made payment to them for the amount they paid you for the service(s). In order to avoid an action by the State to withhold these funds against future payments owed to you, you must immediately make payment to the beneficiary. The payment must be for the full amount they made to you for the service(s). Once you have made payment to the beneficiary, you may submit a paper claim to Medi-Cal for reimbursement of these services. Reimbursement payment to the beneficiary should be mailed to:

> Beneficiary Name
> Street Address
> City, CA ZIP

You must make payment to the beneficiary for the full amount of their out of pocket payment made to you. Failure to do this will result in the State taking action to withhold the funds from future payments owed to you. If you have already made full payment to the beneficiary, or if you are in the process of sending this payment, please submit proof of payment. This response should include the amount paid and the date it was paid. A response with your action must be received within 30 days from the date on the top of this letter. All correspondence should be sent to the following address:

Denti-Cal
Attention:Beneficiary Correspondence
P.O. Box 526026
Sacramento, CA 95852-6026

Billing timeliness limitations for claims submissions (pursuant to Title 42 Code of federal Regulations, section 447.45(d)(1) and California Code of Regulations (CCR), Title 22, Division 3, sections 51000.8(a) and 51008.5) will not apply due to good cause (pursuant to CCR, Title 22, Division 3, section 51008(a)) for the above claim for 60 days from the date of this letter. To request reimbursement from Medi-Cal for the services you provided, you must submit a claim within 60 days from the date of this letter. Submit an original paper claim and supporting documentation along with a copy of this letter to the following address:

Denti-Cal
Attention: Beneficiary Correspondence
P.O. Box 526026
Sacramento, CA 95852-6026

You may disagree with this decision. If you do disagree and wish to dispute this claim, you may request a State Hearing. Information for a State Hearing is on the back of this notice.

For more information on this matter, telephone the Beneficiary Service Center at (916) 403-2007. For billing assistance, call the Provider Toll-Free line at
(800) 423-0507.

Sincerely,

Payment Systems Division
California Department of Health Services

Authority: Welfare and Institutions Code, Section 14019.3.

PROVIDER HEARING REQUEST FOR BENEFICIARY REIMBURSEMENT/RECOUPMENT

YOUR HEARING RIGHTS

You have a right to ask for a State Hearing about this Medi-Cal action. You must ask for a State Hearing within 30 days of the date this notice was mailed to you.

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then send this page to:

   Denti-Cal
  Attention: Beneficiary Correspondence
  P.O. Box: 526026
  Sacramento, CA 95852-6026

You have the right to examine the materials that were used to take this Medi-Cal action and may arrange this by contacting the Beneficiary Services at

(916) 403-2007. For TDD telephone service call (916) 635-6491.

State Regulations Available State regulations, including those covering state hearings, are available at your local county welfare office or on the Internet at www.calregs.com.

AUTHORIZED REPRESENTATIVE

You can represent yourself at the state hearing. You must provide the name, address, and phone number of the person within your business entity who will represent you prior to the hearing. You can also be represented by an attorney. You must arrange for this representative yourself.

Note: The information you are asked to write in on this form is needed to process your hearing request. Processing may be delayed if the information is not complete**.**

☐ I would like to request a State Hearing.

The reason why I want a hearing is:

_____
_____
_____
_____
_____

☐ Check here and add a page if you need more space.

Provider name: (print)

_____

Provider Medi-Cal Number:

_____

Business Address: (print)

_____
_____

Business phone number: (_____)_____

Beneficiary Reimbursement Reference Number:

_____

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records and to come to the hearing for me.

Name:_____

Address:_____

_____

Phone number: (_____)_____

My signature (provider):

X_____

Date signed:

_____

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

NATIONAL PROVIDER IDENTIFIER (NPI) UPDATE:
Register Your NPI with Denti-Cal!

After receiving NPI(s) from the National Plan Identifier Enumerator, Denti-Cal billing and rendering providers must **register their NPI(s) with Denti-Cal using the attached NPI Registration Form (DHS 6218).** Please follow these simple instructions when completing the NPI Registration Form:

- ♦ A separate NPI registration form is required for each existing Denti-Cal provider number.

- ♦ Complete all required information where an asterisk (*) is displayed. *Incomplete registration forms will be returned if required information is not completed*.

- ♦ Do not complete the Medicare NPI Information and the Non-Physician Medical Practitioner Information sections of this form. *These sections do not apply to Denti-Cal providers.*

- ♦ The National Plan and Provider Enumeration System (NPPES) confirmation form <u>must</u> be attached to the registration form. *The registration form will be returned if the NPPES confirmation form is not attached.*

- ♦ Mail the completed registration form to the Denti-Cal address located at the bottom of the form.

Providers may also request an application be mailed by calling the Denti-Cal Telephone Service Center at (800) 423-0507 or access the NPI Registration Form on the Denti-Cal Web site at http://www.denti-cal.ca.gov.

For additional information regarding NPI, please refer to Denti-Cal Bulletin Volume 23, Number 1 (enclosed); visit the Denti-Cal Web site (http://www.denti-cal.ca.gov), or call the Denti-Cal Telephone Service Center at (800) 423-0507.

National Provider Identifier
Registration Form

This form is being used to register your National Provider Identifier (NPI) with the California Department of Health Services Provider Enrollment Branch (PEB), Medi-Cal Dental Program (Denti-Cal), and Child Health and Disability Prevention Program (CHDP). All areas with an asterisk (*) are required. If you have any questions or need assistance with this form, please call the applicable NPI Helpdesk:

Medi-Cal -- 1-800-541-5555   Denti-Cal -- 1-800-423-0507

NOTE: A separate NPI registration form is required for each existing Provider number.

This form is being submitted for:	☐ **New NPI Registration**	☐ **Update to previously submitted information**
*Medi-Cal, Denti-Cal, or CHDP Provider Number	*Provider Name	*NPI (attach a copy of the CMS/NPPES NPI confirmation letter to this form)

*PLEASE PROVIDE one of the following for Medi-Cal, Denti-Cal or CHDP:

Provider Identification Number (PIN)	OR	Last 4 digits of Taxpayer Identification Number (TIN)	OR	Last 4 digits of Social Security Number (SSN)

Note: This section does NOT apply to Denti-Cal providers.
Are you replacing multiple Medi-Cal and/or CHDP provider numbers with one (1) NPI?   ☐ **Yes** ☐ **No**

IF YES,   Do you want the data associated with this **Medi-Cal** provider number to be assigned to your NPI?   ☐ **Yes** ☐ **No**

Do you want the data associated with this **CHDP** provider number to be assigned to your NPI?   ☐ **Yes** ☐ **No**

Providers who choose to replace multiple Medi-Cal and CHDP provider numbers with one NPI **must designate which Medi-Cal provider number will be the source of the various addresses, accounts and PINs that will be associated with the new NPI number.** If a primary Medi-Cal or CHDP provider number is not specified for the new NPI, then the first Medi-Cal provider number on file will be replaced with the new NPI, by default, and be used to determine which addresses, accounts and PINs will be associated with that NPI.

MEDICARE NPI INFORMATION –
Please enter your Medicare NPI for this Medi-Cal number. Enter any additional Medicare NPIs for this Medi-Cal number on the reverse side of this form.

NPI	NPI

NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION – Please enter the License Number and corresponding NPI for each NMP you provided in the original application to CMS/NNPES, if applicable. Enter any additional NMP License Numbers and NPI on the reverse side of this form.

NMP License Number	NMP NPI	NMP License Number	NMP NPI

Some Medi-Cal, Denti-Cal and CHDP provider agreements will need to be updated with this NPI information. A complete list of these forms is on the reverse side of this form.
NOTE: If you choose not to update your existing agreements under your Medi-Cal, Denti-Cal or CHDP provider number with the NPI you are submitting, these agreements will expire May 23, 2007.

*I authorize Medi-Cal, Denti-Cal or CHDP to update the agreements I have on file with my NPI information:
☐   **I agree**

☐   **I do not agree** and understand that, as a result of not authorizing this update, access to any electronic service provided by the Medi-Cal program; including, but not limited to, electronic claims submission (CMC), Point of Service (POS) transactions, Eligibility Inquiries, Medi-Cal website transactions, etc., will be terminated until a new hard-copy agreement is submitted using the new NPI.

CONTACT INFORMATION FOR FOLLOW-UP – Please Print

*First name	*Last name

*Contact Phone Number ( )	*Mailing Address for confirmation of processed NPI (Street, City, State, Zip)

I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document and in the attachments are true, accurate, and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider.
*Print name and title of authorized representative or Provider

* Authorized representative or Provider signature	*Date

Return completed form to:

Medi-Cal/CHDP	**Denti-Cal**
California Department of Health Services	California Department of Health Services
PRO - NPI Help Desk	Medi-Cal Dental Program
Medi-Cal Fiscal Intermediary	Provider Enrollment
PO Box 13811	PO Box 15609
Sacramento, CA 95853-9946	Sacramento, CA 95852-0609

Agreement Update Information on reverse side.

National Provider Identifier
Registration Form

AGREEMENT UPDATE INFORMATION

The following is a list of agreements that you may have submitted and are on file that will need to be updated with your NPI:

- Billing Intermediary Registration Form (Denti-Cal Form)
- California Children's Services (CCS) Program Individual Provider Application for Paneling Physicians and Podiatrists (DHS 4514)
- California Children's Services (CCS) Program Individual Provider Application for Paneling Allied Health Care Professionals (DHS 4515)
- CHDP Telecommunications Provider and Biller Application/Agreement (DHS 4431)
- Direct Deposit Enrollment Form (Denti-Cal Form)
- EFT Enrollment Authorization
- Electronic Health Care Claim Payment/Advice Receiver Agreement (ANSI ASC X12N 835 Transaction)
- Medi-Cal Dental Telecommunications Providers and Biller Application/Agreement (Denti-Cal Form)
- Medi-Cal Eligibility Verification Enrollment Form
- Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHS 6153)
- Medi-Cal Point of Service (POS) Network/Internet Agreement
- Medi-Cal Hardcopy Biller Application Agreement
- OPT OUT Enrollment Form
- OPT OUT Cancellation Form
- OPT OUT Change of Email Address Form
- Pay to Address Change Notification
- Point of Service (POS) Device Usage Agreement
- Provider Billing Intermediary Notification Form (Denti-Cal Form)
- Provider: Medi-Cal Hardcopy Biller Notification Form
- Qualified Provider Application for Presumptive Eligibility Participation and Presumptive Eligibility Qualified Provider Responsibilities and Agreement (MC 311)

NOTE: If you choose not to update your existing agreements under your Medi-Cal, Denti-Cal or CHDP provider number with the NPI you are submitting, these agreements will expire May 23, 2007.

PROVIDER TAXONOMY CODE INFORMATION – Please enter each Taxonomy Code you provided in the original application to CMS/NPPES to obtain this NPI. Please attach a separate sheet for additional taxonomy codes.

Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code

ADDITIONAL MEDICARE NPI INFORMATION (Please attach a separate sheet for additional Medicare NPIs.)

NPI	NPI
NPI	NPI

ADDITIONAL NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION (Please attach a separate sheet for additional NMP NPIs.)

NMP License Number	NMP NPI	NMP License Number	NMP NPI
NMP License Number	NMP NPI	NMP License Number	NMP NPI

A separate NPI registration form is required for each existing Provider number.

For Department Use Only

Input Date _____ __

Initials _____ __

QM Initials ___ _____

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
National Provider Identifier (NPI) Update

NOW is the time to act!

Providers who do not apply for an NPI with NPPES by January 31, 2007 put themselves at serious risk of possible claim processing and payment delays.

The NPI is NOT Just a Number

The NPI is a 10-digit number used to identify you to your health care partners. It will replace all provider numbers *including* your Denti-Cal billing and rendering provider numbers currently in use.

There are two entity types recognized by the National Provider Identifier Enumerator:

♦ Entity Type 1:   Individual health care providers, including dentists and hygienists, and non-incorporated sole proprietors

♦ Entity Type 2:   Health care providers who are organizations, including dental practices, and/or individual, incorporated dental practices.

Who Will Need an NPI?

Effective May 23, 2007, Denti-Cal providers must obtain, register, and use an NPI if they:

♦ Submit claims electronically and verify eligibility via the Point of Service (POS) Device or the Internet

♦ Submit paper claims and verify eligibility via the Point of Service (POS) Device or the Internet

♦ Are enrolling for the first time in the Denti-Cal Program

♦ Are rendering providers who work for a billing provider who submits claims electronically

   Note: Enrolled providers must continue to use their current Denti-Cal provider number until May 23, 2007.

The NPI Requires a Transition Period

While the NPI might be perceived as a simple new identifier which is easy to obtain and use, the reality is that the process to make it all work is much more complex. Planning and transitioning to the new NPI involves several internal and external steps, all of which directly affect the processing and payment of claims to providers.

Providers, health plans, and clearinghouses need time to successfully implement all internal and external process steps. These steps include assessing the impact of NPI in all internal systems, making system changes to accommodate the NPI, obtaining and collecting NPIs, creating NPI-to-legacy ID crosswalks, testing NPIs in transactions, phasing out old proprietary identifiers on electronic transactions and some paper transactions, and fully using the NPI as the *only* provider identifier from inception and into the future.

Providers Must Obtain Their NPIs Early Enough To Make This Transition Work and Avoid Processing Delays!

Providers must apply and obtain their NPI well in advance of the compliance date. Providers who do not complete this step by *January 31, 2007* put themselves at serious risk of not being able to complete the NPI transition with all their health plans and clearinghouses and, ultimately, be exposed to possible claim processing and payment delays.

To Apply For and Obtain an NPI:

Online – visit the official CMS Enumeration site: https://NPPES.cms.hhs.gov

Phone – the National Provider Identifier Enumerator Call Center (800) 465-3203 or (800) 692-2326 (TTY)

By Mail – write to NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059

NPI Applies to More Than Just Claims and Claim Payment Transactions

Effective May 23, 2007, the NPI will be required for use in *all* applicable HIPAA transactions:

1) health care claims
2) claim payment/remittance advice
3) coordination of benefits
4) eligibility inquiry/response
5) claim status inquiry/response
6) referrals
7) enrollment

Subpart

The Federal Register, 45 CFR, Part 162, NPI Final Rule, refers to separate physical locations as "subparts" of an organizational health care provider. Providers who receive one NPI rather than subpart, may experience delays in the return of payments, Explanation of Benefits (EOBs), Resubmission Turnaround Documents (RTDs), and Notice of Authorizations (NOAs). Therefore, Denti-Cal encourages qualifying providers to subpart. Please contact the National Provider Identifier Enumerator for more information regarding the subpart process.

Electronic Claims Submission

In conjunction with the deadline to accept an NPI, providers who submit claims electronically will need to use the 4010A1 version of the 837 claim transaction by May 23, 2007. Denti-Cal can assist clearinghouses and practice management vendors in converting to the new claim format. For more information on conversion to the 4010A1 format, please call your software vendor, clearinghouse, or Denti-Cal Telephone Service Center at (800) 423-0507, or (916) 853-7373 and ask for EDI Support. Requests may also be sent by e-mail to: denti-caledi@delta.org.

Please Always Remember:

♦ *The NPI is yours*: It doesn't belong to a health plan or your employer. It is assigned to you for life.

♦ *The NPI is unique*: It serves to identify you uniquely across the country with one single ID, regardless of your type of practice or your location.

♦ *The NPI will become the only identifier*: With HIPAA transactions, it alone will be the permitted identifier.

♦ *You must share your NPI*: Other entities will need to know your NPI in order to conduct business with you. Providers must register their NPI(s) with Denti-Cal.

♦ *You must use your NPI with all health plans*: Medi-Cal, Medicare, Medicaid, and all private health plans are required by HIPAA to receive/submit the NPI as the *only* provider identifier in electronic transactions.

♦ *You must take care of your NPI*: Changes to any of the required information furnished during the NPI application process will need to be reported to the NPI Enumerator within 30 days of the change.

NPI Registration

For information on how to register your NPI with Denti-Cal, please refer to Denti-Cal Bulletin Volume 23, Number 2, visit the Denti-Cal Web site (http://www.denti-cal.ca.gov), or call Denti-Cal's Telephone Service Center at (800) 423-0507.

Providers must continue utilizing their existing Denti-Cal provider numbers until further notice.

Current Dental Terminology (CDT)

CDT continues to be delayed pending the final approval of Manual of Criteria (MOC) regulations via the State legislative process.

CDT codes will not be accepted by Denti-Cal at this time. Any claim service line (CSL) submitted with a CDT procedure code, an invalid procedure code, or a blank procedure code field will be denied.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
National Provider Identifier (NPI) Update

NPI: Get It. Share It. Use It.

Four months remain until the May 23, 2007 NPI compliance date. Have you received your NPI from the National Provider Identifier Enumerator (NPIE)? If so, are you ready to use your NPI?

The following steps will assist you with the implementation of NPI:

1) Obtain an NPI

Getting an NPI is easy and free. Act now and get your NPI. Health care providers can apply for NPIs in one of two ways:

♦ For the most efficient application processing and the fastest receipt of NPIs, use the National Provider Identifier Enumerator's web-based application process. Simply complete an on-line application by visiting the NPIE Web Site at http://nppes.cms.hhs.gov.

♦ Health care providers may obtain a copy of the paper NPI Application/Update Form (CMS-10114) by contacting the NPIE at the following:

Phone: (800) 465-3203 or TTY (800) 692-2326
Email: customerservice@npienumerator.com
Mail:
NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

Mail the completed, signed application to the NPIE located in Fargo, ND, whereby staff at the NPI Enumerator will enter the application data into the National Plan and Provider Enumerator System. Upon receipt of your NPI, you will need to register your NPI(s) with Denti-Cal.

For help or questions, you may contact the National Provider Identifier Enumerator Customer Service at customerservice@npienumerator.com or by phone (800) 465-3203.

Additional information on NPI is available at http://nppes.cms.hhs.gov.

Providers are encouraged to apply for a separate NPI for their corporation/organizational provider number (i.e., Billing provider number) and a separate NPI for their individual provider number (i.e., Rendering provider number).

2) Register your NPI(s)

Denti-Cal providers must register the NPI(s) with Denti-Cal using the NPI Registration Form (DHS 6218). The NPI Registration Form may be accessed on the Denti-Cal Web Site at http://www.denti-cal.ca.gov. To request that an application be mailed, call Denti-Cal's Telephone Service Center at (800) 423-0507.

A separate NPI registration form is required for each existing Denti-Cal provider number.

3) Update Software

In conjunction with the deadline to accept NPI, providers who submit claims electronically will need to use the HIPAA-compliant 4010A1 claim format by May 23, 2007. For more information on conversion to the 4010A1 format, please call your software vendor, clearinghouse, or Denti-Cal at (916) 853-7373 and ask for EDI Support.

4) Educate

It is important that staff using the NPI in day-to-day work, such as verification of eligibility, claims processing, or other tasks, be aware of the NPI and the provider identifiers that it replaces.

5) Ask Questions

Additional information is available in Denti-Cal Bulletin Volume 23, Number 1 (enclosed), or by phoning Denti-Cal's Telephone Service Center at (800) 423-0507.

Additional information on NPI is available at http://nppes.cms.hhs.gov

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Current Dental Terminology (CDT)

CDT continues to be delayed pending the final approval of Manual of Criteria (MOC) regulations via the State legislative process.

CDT codes will not be accepted by Denti-Cal at this time. Any claim service line (CSL) submitted with a CDT procedure code, an invalid procedure code, or a blank procedure code field will be denied.

RATE INCREASE FOR DENTAL ANESTHESIOLOGISTS

Effective October 1, 2006, determination of anesthesia time has changed. There is no longer a fee paid for anesthesia "start up" (equivalent to five units), however, the per-unit reimbursement rate for dental anesthesiologists (Procedure 998 - Unlisted Therapeutic Service) has been increased to levels equal to their medical counterparts. In order to be reimbursed for services rendered, dental anesthesiologists should submit the Operating Room (OR) report or anesthesia report, indicating the start and stop time for the administered anesthesia.

For anesthesia services rendered beginning October 1, 2006 which have already been paid, providers may submit a Claim Inquiry Form (CIF) with an OR report attached for revised payment.

Dental anesthesiologists billing for Procedure 998 are reminded of the following:

♦ Anesthesia services are *only* payable at the higher rate when performed in a hospital, surgicenter, or the treating provider's office.

♦ Anesthesiologists may not be the same providers who are rendering the treatment services.

♦ Always submit usual, customary, and reasonable (UCR) fees.

CHANGES TO THE CHILDREN'S TREATMENT PROGRAM (CTP)/ CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROCESS

Providers who render services to children eligible for CTP/CHDP will no longer receive a cancelled Treatment Authorization Request (TAR). Instead, effective immediately a Notice of Authorization (NOA) will automatically be mailed. The following message will now be printed on the NOA:

> Please submit a current PM 160 form with NOA when requesting payment.

REMINDER: When submitting a TAR or a claim for services provided to children eligible for CTP/ CHDP *always check "Yes" in Field 16* on the TAR or claim and include proof of Medi-Cal eligibility.

DENTI-CAL SEMINARS SCHEDULED FOR FEBRUARY

D086/Basic Seminar	February 1, 2007	San Luis Obispo
D087/Advanced Seminar	February 2, 2007	San Luis Obispo
D088/Workshop	February 8, 2007	Santa Ana
D089/Advanced Seminar	February 9, 2007	Santa Ana
D090/Workshop	February 16, 2007	Fairfield

Please refer to Denti-Cal Bulletin Volume 22, Number 33 for additional details.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.

ALL PROVIDERS MUST SUBMIT THEIR RENDERING PROVIDER NUMBER ON ALL CLAIMS/NOTICES OF AUTHORIZATION (NOAS)

Previously, providers enrolled as an individual practice in the California Medi-Cal Dental Program (Denti-Cal) were not required to complete Field 33 on claims and NOAs. Effective January 22, 2007, all providers will be required to do so, regardless of type of practice. All claims/NOAs received without a rendering provider number in Field 33 will not be processed, and a Resubmission Turnaround Document (RTD) will be issued requesting the information.

Exception, procedure numbers *not* requiring a rendering provider number are: 045, 046, 049, 050, 061, 062, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 125, 160, 955, 956, and 957. Procedure numbers and descriptions are found in Section 4 of the *Denti-Cal Provider Manual*.

All treating dentists must be enrolled in Denti-Cal and must have a rendering provider number prior to providing services to Denti-Cal beneficiaries.

If you have any questions, please call Denti-Cal toll-free at (800) 423-0507.

Denti-Cal Bulletin

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
National Provider Identifier (NPI) and Current Dental Terminology (CDT) Update

NPI: Get It. Register It. Use It!

♦ If you are a billing provider (i.e. group practice, corporation, partnership) who also has a rendering provider number (i.e., D12345), you should apply for <u>at least</u> one Organizational (Type 2) NPI; **AND** an Individual (Type 1) NPI for your rendering provider number. All rendering providers on staff must also obtain an Individual (Type 1) NPI.

   Important NPI Note: A sole proprietor/sole proprietorship is an Individual and is eligible for a single NPI. The sole proprietor must apply for the NPI using his or her Social Security Number (SSN), even if he/she has an Employer Identification Number (EIN). Because a sole proprietor/sole proprietorship is an Individual, he/she cannot be a subpart and cannot designate subparts. Therefore, if you are a sole proprietor and have both a billing and a rendering provider number for Denti-Cal, you will need to register a single NPI for both Denti-Cal provider numbers.

♦ To apply for your NPI(s), visit http://nppes.cms.hhs.gov or call (800) 465-3203.

♦ Once you have received your NPI(s) from NPPES, **you must register ALL NPIs with Denti-Cal as soon as possible,** in order to ensure appropriate payment of claims in a timely manner. Register your NPI(s) by accessing the NPI Registration Form on the Denti-Cal Web site at www.denti-cal.ca.gov or by calling the Denti-Cal Telephone Service Center at (800) 423-0507 to request a registration form by mail. *A separate NPI Registration Form is required for each existing Denti-Cal provider number.*

♦ Attend a Denti-Cal Basic Seminar for more information on the NPI. For a seminar location near you, visit the Denti-Cal Web site at www.denti-cal.ca.gov.

Preimprinted Inventory

Denti-Cal will be working with the form suppliers to accommodate NPIs on preimprinted claims and Treatment Authorization Request (TAR) forms. Until such time, current Denti-Cal provider numbers will continue to be printed on the forms. Please refer to subsequent Denti-Cal Bulletins for additional information regarding preimprinted forms.

Providers are also reminded not contact the form supplier with NPI-related questions, as they are unable to answer inquiries. For information on NPI, preimprinted forms, and all other Denti-Cal questions, please contact Denti-Cal's Telephone Service Center at (800) 423-0507.

Update Software

In conjunction with the deadline to accept NPIs, providers who submit claims electronically must be prepared to use the HIPAA-compliant 4010A1 claim format on or before May 23, 2007. For more information on conversion to the 4010A1 format, please call your software vendor, clearinghouse, or Denti-Cal at (916) 853-7373 and ask for EDI Support.

Denti-Cal NPI Web Collection Announcement

Denti-Cal is in the process of creating a Web-based NPI registration function. For additional information on the Web-based NPI registration function, you may refer to subsequent Denti-Cal Bulletins, visit the Denti-Cal Web site at www.denti-cal.ca.gov, or attend a Denti-Cal Basic Seminar.

Current Dental Terminology (CDT)

CDT continues to be delayed pending the final approval of Manual of Criteria (MOC) regulations via the State legislative process. CDT codes will not be accepted by Denti-Cal at this time. Any claim service line (CSL) submitted with a CDT procedure code, an invalid procedure code, or a blank procedure code field, will be denied.

DIGITIZED IMAGES AND ELECTRONIC DATA INTERCHANGE (EDI) DOCUMENTS

In conjunction with claims and Treatment Authorization Requests (TARs) submitted electronically, Denti-Cal now accepts digitized images submitted through electronic attachment vendors National Electronic Attachment, Inc. (NEA) and National Information Services (NIS).

Providers must be enrolled to submit claims electronically prior to submitting digitized images. For more information on becoming enrolled to submit Electronic Data Interchange (EDI) documents, please contact Provider Services toll free at (800) 423-0507 or EDI Support at (916) 853-7373 (email: denti-caledi@delta.org).

Electronic Vendor and Document Specifications

Digitized X-rays, photographs, periodontal evaluation charts, scanned State-approved Justification of Need for Prosthesis forms (DC 054), and other narrative reports may be submitted in conjunction with EDI claims and TARs through NEA or NIS Web sites.

<u>NEA Users</u>: Digitized X-rays and attachments must be transmitted to NEA before submitting an EDI claim or TAR. NEA's reference number must be entered in the <u>first line of the Comments section</u> of the EDI claim or TAR in the following format: **"NEA#" followed by the reference number, with no spaces - Example: <u>NEA#9999999</u>**. Any additional comments should be entered in the Comments field following the digitized image reference number. It is important to use this format and sequence.

Some dental practice management and electronic claims clearinghouse software have an interface with NEA that automatically enters the reference number into the notes of the claim. Questions about this may be directed to NEA at (800) 782-5150 option 3. For NEA enrollment information, visit www.nea-fast.com and enter promotion code DENTICAL.

<u>NIS Users</u>: Create your claim or TAR. Before transmitting a document electronically, attach your digitized X-rays and periodontal charts. Use your Document Center to scan images of Denti-Cal's Justification of Need for Prosthesis Form (DC-054), photos, etc. Enter the date images were created in the notes for each attachment. For NIS information, call (800) 734-5561, select option #1, and option #1 again.

Images That <u>CAN</u> Be Transmitted:	*Images That <u>CANNOT</u> Be Transmitted:*

‣ Documentation related to claims and TARs to be submitted *electronically*:
   • X-rays
   • Periodontal Evaluation Charts
   • Justification of Need for Prosthesis Forms (DC-054)
   • Photos
   • Narrative documentation (surgical reports, etc.)
	‣ Any documentation related to claims and TARs submitted on *paper*.
	
	 ‣ CIFs, RTDs or NOAs related to paper <u>***or***</u> EDI documents

Images should not be transmitted for EDI claims or TARs that are already waiting for X-rays and/or attachments to be mailed. Digitized images of Claim Inquiry Forms (CIFs), Resubmission Turnaround Documents (RTDs) and Notices of Authorization (NOAs) cannot be processed.

Please note the following Tip Sheets. For more information on sending digitized images to Denti-Cal, contact EDI Support at (916) 853-7373.

DENTI-CAL
DIGITIZED IMAGING

TIPS

For Providers Using National Electronic Attachment, Inc. (NEA)

Digitized images can only be accepted for EDI documents.

1. First, transmit your digitized X-rays and attachments (periodontal charts, DC-054 forms, photos, etc.) to NEA's Web site. Note NEA's reference number and enter it in the first line of the Comments section of your EDI document in the following format. It is important to use this sequence to route documents correctly:

> **"NEA#" and then the reference number (with no spaces)**
> **Example: NEA#9999999**

   If you would like to include other comments, please enter them in the Comments section after the notation shown above.

   NOTE: If your Dental Practice Management software or Electronic Claims Clearinghouse software has an interface with NEA, the software may already put the NEA# in the notes of the claim for you. Contact NEA at 800-782-5150 x3 if you have questions about this.

2. Please **do not send Claim Inquiry Forms (CIFs), Resubmission Turnaround Documents (RTDs) or Notices of Authorizations (NOAs) as attachments**.

3. Denti-Cal is unable to respond to customer service inquiries entered into NEA's Web site. Instead, please mail Claim Inquiry Forms to Denti-Cal.

4. Start with brand new documents. Please do not send images to NEA for claims or Treatment Authorization Requests (TARs) that are already waiting for X-rays/attachments to be mailed.

5. **Note**: X-rays are not required for dentures on edentulous patients. Submit Justification of Need for Prosthesis form (DC-054) only.

> **QUESTIONS?**
> **Please call (916) 853-7373 and ask for**
> **Denti-Cal EDI Support - extension 2451 or 2653 -**
> **or send an e-mail to denti-caledi@delta.org**

DENTI-CAL
DIGITIZED IMAGING

TIPS

For Providers Using National Information Services (NIS)

Digitized images can only be accepted for EDI documents

1. Create your claim or Treatment Authorization Request (TAR). Before transmitting a document electronically, attach your digitized X-rays. Use your Document Center to scan images of Denti-Cal's Periodontal Evaluation Chart (DC-008) and Justification of Need for Prosthesis Form (DC-054), photos, etc.

    Enter the date images were created in the notes for each attachment.

    Contact NIS at (800) 734-5561 option #1, then option #1 again, for more information.

2. Please do not send Claim Inquiry Forms (CIFs), Resubmission Turnaround Documents (RTDs), or Notices of Authorization (NOAs) as attachments.

3. Denti-Cal is unable to respond to customer service inquiries entered into NIS's Web site. Instead, please mail Claim Inquiry Forms (CIFs) to Denti-Cal.

4. Start with brand new documents. Please do not send images to NIS for claims or Treatment Authorization Requests (TARs) that are already waiting for X-rays/ attachments to be mailed.

5. **Note**: X-rays are not required for dentures on edentulous patients. Submit Justification of Need for Prosthesis form (DC-054) only.

QUESTIONS?

**Please call (916) 853-7373 and ask for
Denti-Cal EDI Support - extension 2451 or 2653 -
or send an e-mail to denti-caledi@delta.org**

DENTAL RESTORATIONS FOR CHILDREN UNDER AGE FOUR AND DEVELOPMENTALLY DISABLED BENEFICIARIES OF ANY AGE

Effective January 1, 2007, Senate Bill (SB) 1403 stipulates that "For any beneficiary who is under four years of age, or who, regardless of age, has a developmental disability, as defined in subdivision (a) of Section 4512, radiographs or photographs that indicate decay on any tooth surface shall be considered sufficient documentation to establish the medical necessity for treatment provided."

Claims, Notices of Authorization (NOAs), and Claim Inquiry Forms (CIFs) with dates of service on or after January 1, 2007, and any Treatment Authorization Request (TAR) or re-evaluation requiring review will only require one radiograph or photograph that demonstrates medical necessity to be submitted. When the radiograph or photograph demonstrates at least one decayed surface, all of the fillings and prefabricated crowns on that document will be allowed, unless the beneficiary's history indicates the tooth has been previously extracted, a recent filling/prefabricated crown, etc.

Providers who are replacing fillings or prefabricated crowns that they previously placed must submit a current radiograph or photograph of that tooth that demonstrates the need for replacement when the applicable time limitations have not been met.

♦   When no radiographs or photographs are submitted, or when the single radiograph or photograph that is submitted is not current or is non-diagnostic, all fillings and prefabricated crowns on that document will be denied/disallowed.

♦   When there is no decay evident in the single radiograph or photograph submitted, all restorations will be denied/disallowed.

♦   When a pulpotomy (Procedure 501, Therapeutic Pulpotomy; or Procedure 502, Vital Pulpotomy) is requested in conjunction with a filling/prefabricated crown, and the filling/prefabricated crown is denied/disallowed, the pulpotomy will also be disallowed.

Children Under Age Four

The beneficiary must be under the age of four at the time the services were rendered or when the request for authorization was reviewed.

Developmentally Disabled (DD) Beneficiaries

Once a provider has established the fact that their patient is a client of a Regional Center/Department of Developmental Services, he/she must document that fact on the document by writing the following – "Registered Consumer of the Department of Developmental Services." No substitute language or documentation will suffice.

♦   When requesting authorization/payment of prefabricated crowns on permanent teeth for DD patients, the requirement for arch films will be waived.

PREVENTION OF IDENTITY THEFT

To prevent identity theft, the California Department of Health Services (CDHS) strongly encourages all providers to avoid using a beneficiary's Social Security Number (SSN) for all Denti-Cal correspondence, including the submission of claims and *Treatment Authorization Requests* (TARs).

When submitting claims and TARs to Denti-Cal, providers should use the 14-character ID number from the Benefits Identification Card.

CDHS recognizes the importance of protecting the identity and the health information of beneficiaries and is currently working on system changes that will prevent the use of SSNs on all Denti-Cal forms.

DENTI-CAL SEMINARS SCHEDULED FOR MARCH

D091/Basic Seminar/EDI Overview *   March 9, 2007   San Bernardino

D092/Workshop *   March 21, 2007   Burbank
The Burbank Hilton is now the Burbank Marriott Hotel

D093/Advanced Seminar   March 22, 2007   Burbank
The Burbank Hilton is now the Burbank Marriott Hotel

D094/Basic Seminar *   March 30, 2007   San Jose

Please refer to Denti-Cal Bulletin Volume 22, Number 33 for additional details.

* An overview of NPI will be covered at these seminars.

BILLING BENEFICIARIES FOR COVERED SERVICES

Providers may not submit a claim to, or demand or otherwise collect reimbursement from, a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service (other than Share of Cost) Section 51002 of Title 22 of the California Code of Regulations specifically prohibits billing or collecting from Medi-Cal beneficiaries for services included in the Medi-Cal Dental Program scope of benefits, except for those patients who have a fiscal liability to obtain and/or maintain eligibility requirements.

In addition, Title 42, Volume 3, of the Code of Federal Regulations, reads as follows:

"Section 447.15 Acceptance of State payment as payment in full.

"A State plan must provide that the Medicaid agency must limit participation in the Medicaid program to providers who accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual. However, the provider may not deny services to any eligible individual on account of the individual's inability to pay the cost sharing amount imposed by the plan in accordance with Sec. 431.55(g) or Sec. 447.53. The previous sentence does not apply to an individual who is able to pay. An individual's inability to pay does not eliminate his or her inability for the cost sharing charge."

Finally, Welfare & Institutions Code reads:

"14107.3 Any person who knowingly and willfully charges, solicits, accepts, or receives, in addition to any amount payable under this chapter, any gift, money, contribution, donation, or other consideration as a precondition to providing services or merchandise to a Medi-Cal beneficiary for any service or merchandise in the Medi-Cal's program under this chapter or Chapter 8 (commencing with Section 14200), except either:

"(1) To collect payments due under a contractual or legal entitlement pursuant to subdivision (b) of Section 14000; or

"(2) To bill a long-term care patient or representative for the amount of the patient's share of the cost; or

"(3) As provided under Section 14019.3, is punishable under a first conviction by imprisonment in the county jail for not longer than one year or state prison, or by a fine not to exceed ten thousand dollars ($10,000), or both such imprisonment and fine. A second or subsequent conviction shall be punishable by imprisonment in the state prison?

Please Note: *Providers may only bill beneficiaries their usual, customary, and reasonable fees if the $1,800 limit per calendar year for beneficiary services (dental cap) has been met and nothing has been paid on a procedure.*

For questions regarding any of the above, please contact Denti-Cal toll-free at (800) 423-0507.

SEMINAR SCHEDULE FOR SECOND QUARTER, 2007

*Selected seminars have been expanded
to include an overview of the National Provider Identifier (NPI).
See page three for additional details.*

Basic Seminars
 ➢ Introduction to California Medi-Cal Dental Program
 ➢ Enrollment and Eligibility
 ➢ Proper Billing Procedures
 ➢ The Fresno Basic Seminar has also been expanded to include an overview of Electronic Data Interchange (EDI)

Workshops
 ➢ Enrollment and Eligibility
 ➢ Criteria and Current Changes
 ➢ Hands-On Forms Completion
 ➢ HIPAA Informational Updates

Advanced Seminars
 ➢ Criteria Presented *by* a Dentist *for* Dentists and Staff
 ➢ View Actual Treatment Slides

Orthodontic Seminars
 ➢ Designed for Denti-Cal providers who limit their practice to orthodontics only
 ➢ Comprehensive information on certification, enrollment, billing procedures and criteria

ABOUT THE SEMINARS AND WORKSHOPS

♦ Seminars and workshops are offered *free of charge*.

♦ Sessions begin *on time*, so arrive early.

♦ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.

♦ Audio/Video recording is not allowed.

♦ Billing information is subject to change.

♦ Reservations ensure that a space is available for you! Likewise, please let us know if you are unable to attend.

♦ Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits
Orthodontic Seminars	3 CE Credits

♦ Some facilities may charge for parking.

♦ The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll-free at (800) 423-0507.

Denti-Cal Seminar Schedule Second Quarter 2007

* Chico

* Oakland

* Cupertino

* Fresno

* Pasadena
 * Palm Springs
* Long Beach

* San Diego

CUPERTINO

- **Workshop and NPI Overview/D095**
  April 12, 2007 (9:00 a.m. – 4:00 p.m.)

- **Advanced Seminar/D096**
  April 13, 2007 (8:00 a.m. – 12:00 noon)

  Hilton Garden Inn
  10741 North Wolfe Road
  Cupertino, CA 95014
  (408) 777-8787

FRESNO

- **Basic Seminar, EDI and NPI Overviews/D104**
  June 7, 2007 (8:30 a.m. – 12:00 noon)

- **Advanced Seminar/D105**
  June 8, 2007 (8:00 a.m. – 12:00 noon)

  Radisson Hotel
  2233 Ventura Street
  Fresno, CA 93721
  (559) 268-1000

SAN DIEGO

- **Basic Seminar and NPI Overview/D097**
  April 19, 2007 (8:30 a.m. – 12:00 noon)

- **Advanced Seminar/D098**
  April 20, 2007 (8:00 a.m. – 12:00 noon)

  Embassy Suites
  601 Pacific Highway
  San Diego, CA 92101
  (619) 239-2400

OAKLAND

- **Basic Seminar and NPI Overview/D101**
  May 10, 2007 (8:30 a.m. – 12:00 noon)

- **Advanced Seminar/D102**
  May 11, 2007 (8:00 a.m. – 12:00 noon)

  Hilton Hotel
  One Hegenberger Road
  Oakland, CA 94621
  (510) 635-5000

LONG BEACH

- **Ortho Seminar and NPI Overview/D106**
  June 14, 2007 (8:30 a.m. – 12:00 noon)

- **Advanced Seminar/D107**
  June 15, 2007 (8:00 a.m. – 12:00 noon)

  Hyatt Regency
  200 South Pine Avenue
  Long Beach, CA 90802
  (562) 491-1234

PALM SPRINGS

- **Workshop and NPI Overview/ D099**
  April 26, 2007 (9:00 a.m. – 4:00 p.m.)

- **Advanced Seminar/D100**
  April 27, 2007 (8:00 a.m. – 12:00 noon)

  Hilton Hotel
  400 East Tahquitz Canyon Way
  Palm Springs, CA 92262
  (760) 320-6868

CHICO

- **Basic Seminar and NPI Overview/D103**
  May 18, 2007 (8:30 a.m. – 12:00 noon)

  Holiday Inn & Conference Center
  685 Manzanita Court
  Chico, CA 95926
  (530) 345-2491

PASADENA

- **Basic Seminar and NPI Overview/D108**
  June 21, 2007 (8:30 a.m. – 12:00 noon)

- **Advanced Seminar/D109**
  June 22, 2007 (8:00 a.m. – 12:00 noon)

  Hilton Hotel
  168 South Los Robles Avenue
  Pasadena, CA 91101
  (626) 577-1000

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

☐ Basic Seminar
(Seminar Code Number:_____)

☐ Workshop
(Seminar Code Number:_____)

☐ Advanced Seminar
(Seminar Code Number:_____)

☐ Orthodontic Seminar
(Seminar Code Number:_____)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. ***To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify Denti-Cal toll-free at (800) 423-0507 in the event you need to cancel your reservation.***

PLEASE TYPE OR PRINT CLEARLY

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

1._____   4._____

2._____   5._____

3._____   6._____

In the area below, please type or print the dentist's name and office address:

_____   Provider No.:_____

_____

_____   Phone No.:_____

_____

NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

> *The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted hereunder.*

If you have not had any claim activity in a 12-month period, and wish to remain an active provider in the Medi-Cal Dental Program, please complete the bottom portion of this form and mail to: Medi-Cal Dental Program, P.O. Box 15609, Sacramento, CA 95852-0609. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll-free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because _____

_____

Check the boxes that apply to your practice:

☐ AHK (Alameda Healthy Kids)

☐ CCS (California Children's Services)

☐ DMC (Dental Managed Care)
    Plan Name: _____

☐ FQHC/RHC (Federally Qualified Health
    Clinic/Rural Health Clinic)

☐ GHPP (Genetically Handicapped
    Persons Program)

☐ GMC (Geographic Managed Care)
    Plan Name: _____

☐ HFP (Healthy Families Program)

Provider Name	Provider Number	Provider Signature

Provider Address	City	Zip Code

If your office has relocated, a new enrollment package must be submitted. Please check the box indicating your type of practice and Denti-Cal will send the necessary forms for completion:

☐ Group   ☐ Individual

Denti-Cal Bulletin

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
National Provider Identifier (NPI) Frequently Asked Questions

1. Q: What is an NPI number?

   A: As part of HIPAA, the NPI establishes one unique identifier for each health care provider across the United States. The NPI is a 10-digit number replacing the Denti-Cal billing and rendering provider numbers (legacy IDs).

2. Q: Is it mandatory that I have an NPI number?

   A: Yes, every *covered* healthcare provider (a billing provider who submits claims electronically, checks eligibility via a Point of Service (POS) device or the internet) *and* all rendering/treating providers who are employed by a *covered* billing provider must obtain and use an NPI.

3. Q: How do I get an NPI number?

   A: The Centers for Medicare & Medicaid Services (CMS) has established a National Plan and Provider Enumeration System (NPPES) with the sole purpose of assigning NPIs. For additional information, and to complete an application, visit the NPPES Web site at https://nppes.cms.hhs.gov, or you may call NPPES at (800) 465-3203 or (800) 692-2326 (TTY).

4. Q: How do I register my NPI(s) with Denti-Cal?

   A: You may access a blank Denti-Cal NPI registration form on the Denti-Cal Web site at www.denti-cal.ca.gov. There is a link to the NPI registration form in the "What's New" section on the main page. Send the completed NPI registration form located on the front of the registration form.

5. Q: When is the deadline to register NPI(s) with Denti-Cal?

   A: NPPES is already assigning NPI numbers using the application process. Once you receive your NPI(s) from NPPES, you must register them with Denti-Cal well before the May 23, 2007 deadline.

6. Q: Do both sides of the Denti-Cal NPI registration form have to be completed?

   A: Only if applicable. Please follow the instructions on the March bulletin which includes an example registration form as well as a blank NPI registration form. You may also access a blank NPI registration form on the Denti-Cal Web site at www.denti-cal.ca.gov in the "What's New" section on the main page.

7. Q: Do I have to be registered with the Electronic Data Interchange (EDI) Program in order to obtain an NPI?

   A: No. In addition to EDI providers, all *covered* healthcare providers must obtain and use an NPI.

8. Q: Who should sign the registration form?

   A: The provider or an authorized representative listed on the registration form.

9. Q: Can each rendering/treating provider fill out his/her own registration form and send it to Denti-Cal?

   A. Yes, although it is recommended that the rendering/treating provider notify the billing provider or billing intermediary to prevent duplicate registration.

10. Q: Where should I send my NPI Registration form(s)?

    A. Completed Denti-Cal NPI registration forms should be sent to the Denti-Cal address located on the registration form.

11. Q. How do I know if my registration form has been received by Denti-Cal?

    A. Denti-Cal will notify providers upon receipt of NPI registration forms.

12. Q: What is a Taxonomy Code and how do I find it?

    A: A taxonomy code identifies areas of specialization, e.g., dentist, physician, pharmacist, etc. You will need to know your taxonomy code in order to apply for an NPI with NPPES. For assistance in identifying your taxonomy code, please visit www.wpc-edi.com/taxonomy or http://files.medi-cal.ca.gov/pubsdoco/npi/docs/taxonomy_61.pdf.

13. Q. When should I order updated forms (claims/TARs) that identify my NPI?

    A. You may begin to order new forms in early May, placing your order by mail or by FAX to the forms supplier. If you have any questions, please contact the Denti-Cal Customer Service Telephone Service Center at (800) 423-0507.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NATIONAL PROVIDER IDENTIFIER (NPI) UPDATE

Subparting: What Is It and How Does It Impact My Practice?

The HIPAA guidelines established 1996 required the adoption of a standard unique identifier for all health care providers. The NPI Final Rule, issued on January 23, 2004, adopted the NPI as the standard unique identifier. The NPI Final Rule refers to separate locations, licensure, or specialty of an organizational health care provider, as a "subpart." (Separate service office locations often operate independently of each other and usually conduct their own billing.)

Simply put, providers who have multiple service office locations can obtain a separate Entity Type 2 NPI for each service office. If you are a professional corporation, group practice, or partnership, and have multiple service office locations, you are strongly encouraged by Denti-Cal to subpart. Subparting will prevent processing and payment delays.

To obtain an NPI, visit the NPPES Web site at https://nppes.cms.hhs.gov, or call NPPES at (800) 465-3203 or (800) 692-2326 (TTY).

Additional NPI Information

♦   If you are a billing provider (i.e. group practice, corporation, partnership) who also has a rendering provider number (i.e., D12345), you should apply for <u>at least</u> one Organizational (Type 2) NPI; **AND** an Individual (Type 1) NPI for your rendering provider number. All rendering providers on staff must also obtain an Individual (Type 1) NPI.

   Important NPI Note: A sole proprietor/sole proprietorship is an Individual and is eligible for a single NPI. The sole proprietor must apply for the NPI using his or her Social Security Number (SSN), even if he/she has an Employer Identification Number (EIN). Because a sole proprietor/sole proprietorship is an Individual, he/she cannot be a subpart and cannot designate subparts. Therefore, if you are a sole proprietor and have both a billing and a rendering provider number for Denti-Cal, you will need to register a single NPI for both Denti-Cal provider numbers.

♦   To apply for your NPI(s), visit <u>http://nppes.cms.hhs.gov</u> or call (800) 465-3203.

♦   Once you have received your NPI(s) from NPPES, **<u>you must register ALL NPIs with Denti-Cal as soon as possible,</u>** in order to ensure appropriate payment of claims in a timely manner. Register your NPI(s) by accessing the NPI Registration Form on the Denti-Cal Web site at <u>www.denti-cal.ca.gov</u> or by calling the Denti-Cal Telephone Service Center at (800) 423-0507 to request a registration form by mail. *A separate NPI Registration Form is required for each existing Denti-Cal provider number.*

♦ Attend a Denti-Cal Basic Seminar or Workshop for more information on the NPI. For a seminar location near you, visit the Denti-Cal Web site at www.denti-cal.ca.gov.

Update Software

In conjunction with the deadline to accept NPIs, providers who submit claims electronically must be prepared to use the HIPAA-compliant 4010A1 claim format on or before May 23, 2007. For more information on conversion to the 4010A1 format, please call your software vendor, clearinghouse, or Denti-Cal at (916) 853-7373 and ask for EDI Support.

Denti-Cal NPI Web Collection Announcement

Denti-Cal is in the process of creating a Web based NPI registration function. For additional information on the Web based NPI registration function, you may refer to subsequent Denti-Cal Bulletins, visit the Denti-Cal Web site at www.denti-cal.ca.gov, or attend a Denti-Cal Basic Seminar or Workshop.

For additional information regarding NPI, please refer to Denti-Cal Bulletin Volume 23, Number 1, call the Denti-Cal Telephone Service Center at (800) 423-0507; or visit the Denti-Cal Web site (http://www.denti-cal.ca.gov).

Beneficiary Social Security Numbers Will Soon Not Be Accepted

Effective September 2007, *beneficiary social security numbers need to be removed from all documentation submitted for payment*. Per Section 14045 of the Welfare and Institutions Code, a "provider may not submit a reimbursement request to the Medi-Cal program containing a beneficiary's social security number in order to receive payment if the department has issued that beneficiary a Medi-Cal beneficiary identification card containing a beneficiary number with the issuance date included in that number."

Beneficiary identification cards (BICs) were issued in 2005. More information can be found in Denti-Cal Bulletin Volume 21, Number 18 (released April 2005) or in Section 2 of the Denti-Cal Provider Manual.

Please look in forthcoming bulletins for additional information.

Medi-Cal Dental Patient Referral Service

Medi-Cal Dental Program (Denti-Cal) providers can take advantage of a <u>free referral service</u> for accepting Medi-Cal dental patients. This referral service can be an excellent resource for enrolled Denti-Cal providers to build, maintain, or increase their patient base while making available the highest level of dental service for the state's medically needy.

If you are a provider interested in this service, or need to update the information currently on file, please fill out the attached Medi-Cal Dental Patient Referral Service Form (see Page 3) and mail it to:

> California Medi-Cal Dental Program
> Enrollment Department
> P.O. Box 15609
> Sacramento, CA 95852-0609

Verify Your Tax Identification Number

The California Medi-Cal Dental Program (Denti-Cal) reports annually to the Internal Revenue Service (IRS) the amount paid to each enrolled billing provider. The Business Name and Tax Identification Number (TIN) must match **exactly** with the name and TIN on file with the IRS. If the Business Name and TIN **do not** match, <u>the IRS requires Denti-Cal to withhold 31% of future payments.</u>

<u>Tax Identification Number</u>

The TIN may either be a Social Security Number (SSN) or an employer identification number (EIN). Denti-Cal uses the TIN to report earnings to the IRS, which are printed on the front of the check and on the Explanation of Benefits (EOB) you receive from Denti-Cal. **Please verify that the Business**

Name and TIN on the next check/EOB you receive from Denti-Cal are correct. If the Business Name and TIN appearing on your Denti-Cal check/EOB are correct, you do not need to notify Denti-Cal.

Updating Your Tax Identification Number

If the Business Name and/or TIN are incorrect, a Medi-Cal Supplemental Changes - DHS 6209 (Rev. 1/06) form is required to make necessary changes. Please attach a valid, legible copy of an official document **from** the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109C).

♦ If your business type has changed (for example: sole proprietorship, corporation or partnership) you will be required to complete a new Medi-Cal Provider Group Application - DHS 6203 (Rev. 1/06) or a Medi-Cal Provider Application - DHS 6204 (Rev. 1/06), Medi-Cal Disclosure Statement - DHS 6207 (Rev. 1/06), and Medi-Cal Provider Agreement - DHS 6208 (Rev 1/06).

♦ If you are incorporated, attach a valid, legible copy of the Articles of Incorporation showing the name of your corporation and a legible copy of an official document **from** the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109-C).

If your corporation is doing business under a fictitious name, attach a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

To obtain a current application form, please contact Denti-Cal toll-free at (800) 423-0507 or visit the Medi-Cal Web site: www.medi-cal.ca.gov. Failure to submit the appropriate form and supporting documents will delay the processing of your application and will be returned as incomplete.

Visit Denti-Cal and Electronic Data Interchange (EDI) Booths at Anaheim California Dental Association (CDA) Scientific Session

Be sure to visit the Denti-Cal booths at the CDA Scientific Session in Anaheim, Friday, May 4, 2007 through Sunday, May 6, 2007. Representatives from Denti-Cal will be on hand in Booths 739 and 741, Hall B, of the Anaheim Convention Center to provide information and answer questions.

Denti-Cal Seminars Scheduled for April		
D095/Workshop/EDI Overview *	April 12, 2007	Cupertino
D096/Advanced Seminar	April 13, 2007	Cupertino
D097/Basic Seminar *	April 19, 2007	San Diego
D098/Advanced Seminar	April 20, 2007	San Diego
D099/Workshop *	April 26, 2007	Palm Springs
D100/Advanced Seminar	April 27, 2007	Palm Springs
* An overview of NPI will be covered at these seminars.		

Note:

Denti-Cal Bulletin Volume 23, Number 10 contained a misprint on the third page. Welfare & Innstitutions Code 14017.3 (3) instead should read: "A second or subsequent conviction shall be punishable by imprisonment in the state prison." We apologize for any confusion incurred.

Denti-Cal
California Medi-Cal Dental Program

Medi-Cal Dental Patient Referral Service

Dear Doctor:

The Medi-Cal Dental Program (Denti-Cal) offers a voluntary patient referral service that serves the dental community statewide. Please consider our request to include your office on our referral list for Denti-Cal patients.

Complete this form and return it to Denti-Cal in the enclosed envelope.

If you have any questions about the Medi-Cal Dental Patient Referral Service, please do not hesitate to call Denti-Cal toll-free (800) 423-0507.

Sincerely,
Provider Services
Medi-Cal Dental Program
Denti-Cal

☐ Yes   I would like Denti-Cal patients referred to my office. Please add my name to your referral list. I understand I may request removal of my name from this list at any time.

☐ No   I do not want Denti-Cal patients referred to my office. Please do not include my name on your referral list.

Provider Name: _____   Billing Provider ID: _____   Service Office #: _____

Business Name: _____

Fictitious Name: _____

Office Address: _____

Office Telephone: (____) _____   Is your office wheelchair accessible?   ☐ Yes   ☐ No

What other languages are spoken in your office? _____

List any dental specialties or services offered in your office (i.e., endodontic, periodontal, oral surgical procedures, general anesthesia, etc.): _____

What age group of children does your office see?   ☐ 5 & under   ☐ 6 – 12   ☐ 13 & older

Billing Provider Signature: _____   **Date:** _____

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NATIONAL PROVIDER IDENTIFIER (NPI) UPDATE

Preventing Denti-Cal NPI Registration Form Errors

Denti-Cal is currently processing the NPI Registration Forms submitted by providers. During the registration process, Denti-Cal is finding multiple errors on the registration forms. To better assist providers in correctly filling out the registration form, please ensure the following fields are completed accurately:

♦ <u>Medi-Cal, Denti-Cal, or CHDP Provider Number field</u>. Providers must enter the B, G, Y, D, H, or Z provider number in this field. For example: B12345 01.

♦ <u>Provider Name</u>. Providers must enter the provider name that corresponds with the Provider Number and NPI submitted on the form. If the NPI is for a corporation or group practice, the name in the Provider field should indicate the *corporation* or *group name*.

♦ <u>NPI</u>. Providers *MUST* enter the 10-digit NPI here. For example: 1234567890.

♦ <u>Provider Identification Number (PIN) OR last 4 digits of Taxpayer Identification Number (TIN) OR last 4 digits of Social Security Number (SSN)</u>. Please make sure to enter a 6-digit PIN, or the last four digits of a TIN, *or* SSN. Only billing providers can enter a PIN. For example: 123456. All other providers will need to submit either the last four digits of their TIN or SSN.

In addition, please remember the following:

♦ The National Plan and Provider Enumeration System (NPPES) confirmation document <u>must</u> be attached to the registration form. *<u>The registration form will be returned if the NPPES confirmation document is not attached</u>*.

♦ The NPI on the NPPES confirmation document **<u>MUST</u>** match the NPI on the registration form *<u>or the registration form will be returned</u>*.

♦ A separate NPI registration form is required for each existing Denti-Cal provider number. *Providers with multiple Denti-Cal provider numbers must submit a separate NPI Registration Form for each Denti-Cal billing provider number, as well as for the Denti-Cal rendering provider number.*

♦ Complete ALL fields where an asterisk (*) is displayed. *<u>This is required information. Registration forms will be returned if incomplete</u>*.

♦ It is not necessary to complete the Medicare NPI Information and the Non-Physician Medical Practitioner Information sections of the form. *<u>These sections do not apply to Denti-Cal providers</u>*.

- ♦ An original signature is required *or the registration form will be returned*.

- ♦ Mail the completed registration form to the Denti-Cal address located at the bottom of the registration form.

For more information on NPI or a copy of the registration form, please visit the Denti-Cal Web site at www.denti-cal.ca.gov, or call the Denti-Cal Telephone Service Center at (800) 423-0507.

Denti-Cal Bulletin

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
National Provider Identifier (NPI) and Current Dental Terminology (CDT) Update

Are You at Risk for Claims Processing and Payment Delays?

Do not delay: share your NPIs with Denti-Cal and all business partners today! Those who do not share their NPIs are at high risk for claims processing and payment delays.

It is imperative that all NPIs are registered with Denti-Cal. Denti-Cal needs both billing and rendering provider NPIs for all HIPAA-covered transactions. Providers may be at great risk for the delay of payments if Denti-Cal does not receive NPIs.

In addition, providers need to notify all business partners who will need the NPIs in order to pay benefits. Business partners include billing services, clearinghouses, and software vendors. Business partners need time to successfully test the NPIs. Please work with Denti-Cal and your business partners to ensure that you will be ready to submit with the NPI.

For more information on NPI or for information on how to register your NPIs with Denti-Cal, please visit the Denti-Cal Web site at www.denti-cal.ca.gov or call the Denti-Cal Telephone Service Center at (800) 423-0507.

Using Your NPI

Effective May 23, 2007, providers who have received a National Provider Identifier (NPI) Registration Confirmation letter from Denti-Cal stating that their NPI "has been processed with the Denti-Cal Program", may submit claims, TARs, and access information on the Interactive Voice Response System (IVR) using their NPI. Providers may not submit claims or TARs with the NPI *until* they have received a confirmation letter from Denti-Cal.

When accessing beneficiary eligibility, providers MUST continue utilizing their current Denti-Cal billing provider number and PINs. Medi-Cal's Automated Eligibility Verification System (AEVS), the Point of Service (POS) device, and Transactions Services available on Medi-Cal's Web site will not be ready to accept the NPI by May 23, 2007. Denti-Cal will notify providers when they can use their NPI.

If you'd like to check on your NPI status with Denti-Cal, or for additional information on NPI, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

EDI Providers

Updated software necessary for electronic claim submissions

Effective May 23, 2007, the 4010A1 HIPAA-compliant claim format is required for providers who submit claims electronically. For more information on conversion to the 4010A1 format, please call your software vendor, clearinghouse, or Denti-Cal at (916) 853-7373 and ask for EDI support.

Current Dental Terminology (CDT)

CDT continues to be delayed pending the final approval of Manual of Criteria (MOC) regulations via the State legislative process.

CDT codes will not be accepted by Denti-Cal at this time. Any claim service line (CSL) submitted with a CDT procedure code, an invalid procedure code, or a blank procedure code field will be denied.

Denti-Cal Seminars Scheduled for May

D101/Basic Seminar *	May 10, 2007	Oakland
D102/Advanced Seminar	May 11, 2007	Oakland
D103/Basic Seminar *	May 18, 2007	Chico

An overview of NPI will be covered at these seminars.

For additional information, please call the Denti-Cal Telephone Service Center at (800) 423-0507; or visit the Denti-Cal Web site (http://www.denti-cal.ca.gov).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
National Provider Identifier (NPI) Update

Revised Application Form Requirements and Procedures
Due to NPI Implementation

Effective May 23, 2007, applicants and providers will be required to submit their National Provider Identifier (NPI) with each Medi-Cal provider application package. Current Denti-Cal providers will be required to submit both the NPI and any Denti-Cal provider numbers issued previously on any application forms submitted to Denti-Cal.

In accordance with Centers for Medicare & Medicaid Services (CMS) requirements, California Department of Health Services (CDHS) is revising all provider enrollment application forms to accommodate the NPI. Implementation of the NPI by May 23, 2007 is a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Information in this article is effective May 23, 2007, and published based on the authority granted by *Welfare and Institutions Code* (W&I Code), Section 14043.75(b).

The revised forms listed below are required for all application and disclosure packages received by Denti-Cal on or after May 23, 2007. Application and disclosure packages received before May 23, 2007 are processed under the rules and regulations in effect at the time of receipt. The NPI, if available, should be written on those forms. All references to the forms below in *California Code of Regulations* (CCR), Title 22, Division 3, are amended to refer to the March 2007 version:

- *Medi-Cal Provider Group Application* (DHS 6203)
- *Medi-Cal Provider Application* (DHS 6204)
- *Medi-Cal Disclosure Statement* (DHS 6207)
- *Medi-Cal Provider Agreement* (DHS 6208)
- *Medi-Cal Supplemental Changes* (DHS 6209)
- *Medi-Cal Physician Application/Agreement* (DHS 6210)
- *Successor Liability With Joint and Several Liability Agreement* (DHS 6217)

Valid NPI Verification

Applicants must submit verification of each NPI submitted to Denti-Cal in an application package, including the *Medi-Cal Supplemental Changes* form, if appropriate. Applicants are required to attach a copy of the CMS/National Plan and Provider Enumeration System (NPPES) confirmation letter for each NPI listed in the application package. Denti-Cal will not process an application package without the valid NPI verification.

REVISIONS TO DENTI-CAL FORMS

Denti-Cal is revising various forms to comply with Federal and State legislative requirements that require the use of the National Provider Identifier (NPI) and removal of the Social Security Number from claims and other forms.

National Provider Identifier (NPI) - Effective May 23, 2007

♦   The Notice of Authorization (NOA) form has been revised to accommodate the 10-digit NPI number in Field 33. All other Denti-Cal billing forms currently accommodate the NPI and will not need to be revised.

♦   Providers will soon be able to order forms preimprinted with their NPI(s). Denti-Cal is working with the forms supplier to accommodate NPIs on preimprinted claims and Treatment Authorization Request (TAR) forms. Until such time, current Denti-Cal provider numbers will continue to be printed on the forms. Please refer to subsequent Denti-Cal bulletins for additional information regarding preimprinted forms.

Providers are also reminded *not* to contact the forms supplier with NPI-related questions. For information on NPI, preimprinted forms, and all other Denti-Cal questions, please contact Denti-Cal's Telephone Service Center at (800) 423-0507.

Social Security Number - Effective September 2007

Effective September 2007, *beneficiary social security numbers <u>must not</u> be included on all documentation submitted for payment*. Per Section 14045 of the Welfare and Institutions Code, a "provider may not submit a reimbursement request to the Medi-Cal program containing a beneficiary's social security number in order to receive payment if the department has issued that beneficiary a Medi-Cal beneficiary identification card containing a beneficiary number with the issuance date included in that number."

Denti-Cal TARs, claims, Claim Inquiry Forms (CIFs) and NOAs have been revised to remove the Social Security Field, field 2. Instead, providers are encouraged to enter the Beneficiary Medi-Cal ID Number in Field 5.

For additional information or questions of the revised forms, please call the Denti-Cal Telephone Service Center at (800) 423-0507, or visit the Denti-Cal Web site (http://www.denti-cal.ca.gov).

ACCEPTABLE FORMS OF BENEFICIARY IDENTIFICATION

Providers are reminded that they are required to make a good-faith effort to verify a beneficiary's identity by matching the name and signature on the Beneficiary Identification Card (BIC) with that on a photo identification card.

Some, but not all, examples of photo ID are:

♦ A California Driver's license.

♦ An identification card issued by the Department of Motor Vehicles.

♦ Any other document which appears to validate and establish identity.

Per Welfare & Institutions (W&I) Code 14018.2(c), this provision "shall not apply to:

"(1) Persons 17 years of age and under.

"(2) Persons in long-term care.

"(3) Persons receiving emergency services."

The provider must retain a copy of this identification in the beneficiary's record. If a claim is submitted that is in conflict with a previously paid claim (for example, restoring a tooth that history shows was previously extracted), Denti-Cal will request a copy of the beneficiary's identification to verify the services are being provided to the appropriate beneficiary. If the provider cannot provide necessary beneficiary identification, payment or authorization will be denied.

For additional information, please refer to W&I Code 14017, 14017.5, 14018, and 14018.2(c). If there are any questions, please call the Denti-Cal Telephone Service Center at (800) 423-0507, or visit the Denti-Cal Web site (http://www.denti-cal.ca.gov).

POLICY CLARIFICATION ON DENTI-CAL SERVICES AND ASSOCIATED DENTAL MATERIALS

The Medi-Cal Dental Program (Denti-Cal) wants all Denti-Cal providers to understand the important distinction between a patient's entitlement to a medically necessary covered dental service and your professional judgment of which dental material is used to provide that service.

The following clinical examples may assist in understanding this distinction:

Case 1:   Patient "R" presents to your office fully edentulous. You find complete maxillary and mandibular dentures to be medically necessary. Patient "R" demands that you place porcelain teeth. While the denture itself is a benefit of the Denti-Cal Program, the choice of denture tooth material is at the sole discretion of the dentist.

Case 2:   Patient "C" presents to your office with a failing MO amalgam on tooth #30. You determine that a new restoration is medically necessary. Patient "C" does not want any "mercury" fillings in his mouth and demands a composite be used. You have two choices:

1) Under the law (Assembly Bill 999), a dentist may provide a dental restorative material other than the covered benefit of amalgam. If you elect to do so, then the restoration can be legally billed to Denti-Cal using the appropriate amalgam procedure code. Payment, however, will be at the Schedule of Maximum Allowances' (SMA) fee for amalgam.

2) You can inform the patient that, in your professional judgment, amalgam is the most suitable dental material for the restoration of tooth #30. Patient "C" may decide to accept your choice of dental material or Patient "C" may decide to seek treatment with another dentist.

In general, a Denti-Cal beneficiary is entitled to covered services that are medically necessary. The choice of dental material used to provide a specific service lies within the scope of the professional judgment of the dentist.

Please remember: you may not bill beneficiaries for the difference between the Denti-Cal fee for an amalgam filling and your usual, customary, and reasonable (UCR) fee for a composite filling.

For additional information, please call the Denti-Cal Telephone Service Center at (800) 423-0507, or visit the Denti-Cal Web site (http://www.denti-cal.ca.gov).